

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024718

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 272

STATE FILE NUMBER

FILED JUN 19 1963

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

INDEPENDENCE

Length of stay in 1b

63 YEARS

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

INDEP. SANIT. & HOSP.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

c. CITY

INDEPENDENCE

OR  
TOWN

d. STREET  
ADDRESS

638 ARLINGTON

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print)

First

WILLIAM

Middle

I.

Last

DOCKUM

4. DATE  
OF  
DEATH

Month

JUNE

Day

12

Year

1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5/29/1868

9. AGE (last birthday)

95

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

REAL ESTATE & INS.

10b. KIND OF BUSINESS OR INDUSTRY

REAL ESTATE & INS.

11. BIRTHPLACE (City and state or country)

ILLINOIS

12. CITIZEN OF WHAT COUNTRY

UNITED STATES

13a. FATHER'S NAME

THOMAS F. DOCKUM

13b. MOTHER'S MAIDEN NAME

ELLEN SMITH

14. NAME OF HUSBAND OR WIFE

LUCY E. DOCKUM

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

LOIS D. LONG 634 ARLINGTON INDEP MO

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Passive Congestive pneumonia

INTERVAL BETWEEN  
ONSET AND DEATH

1 wk.

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Arterio-sclerotic heart disease

DUE TO (c)

Generalized arterio-sclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Fracture left hip - June 1, 1963

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☒

☐

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Fell in home.

20c. TIME OF  
INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

Intertrochanteric fracture left femur 6-1-63

Fell in home

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

Home

20f. CITY, TOWN, OR LOCATION

Independence Jackson, MO

COUNTY

STATE

21. I attended the deceased from June 1 to June 12 and last saw him alive on June 12 1963  
Death occurred at 10:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Chas. H. Heston Jr. M.D.

22b. ADDRESS

Independence, Mo.

22c. DATE SIGNED

6-13-63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

BURIAL

23b. DATE

JUNE 11, 1963

23c. NAME OF CEMETERY OR CREMATORY

MT. WASHINGTON CEM.

23d. LOCATION (City, town, or county)

INDEPENDENCE

MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

GEO. C. CARSON & SONS INDEPENDENCE, MO.

25. DATE RECD. BY LOCAL REG.

6-13-63

26. REGISTRAR'S SIGNATURE

Alba L. Craig

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

1 7005

2 7005

3

4 0

5 1

6

7 1

8 2

9 4200F

10

11

12 1-0

13 1-0

1-0

6-3-69



1

Signed: Kenneth R. Lamm

P. O. Address Independence, Mo.

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.